

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	See Attachment A
	Filing Date	See Attachment A
	First Named Inventor	See Attachment A
	Art Unit	See Attachment A
	Examiner Name	See Attachment A
	Attorney Docket Number	See Attachment A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **75436**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number: **75436**

OR

☐ Firm or
 Individual Name **Sean D. Detweiler, Esq.,
 Morse, Barnes-Brown & Pendleton, P.C.**


Address **1601 Trapelo Road
 Suite 205**
 City **Waltham**
 Country **USA** State **Massachusetts** Zip **02451**
 Telephone **(781) 622-5930** Email **sdetweiler@mbbp.com**

I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 
 Name **Steve A. Herweck, Chief Executive Officer**
 Date **6/15/12** Telephone **(603) 880-1433**

NOTE: Signatures of all the members or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of **1** forms are submitted.